

7. **Mailing Address:** _____

- 8A. **City/State/Zip** _____
- 8B. **County** _____
8. **Cell Phone Number:** _____
9. **Home Phone Number:** _____
10. **E-Mail Address:** _____
11. **Driver's License** (state/number) _____

Have you ever been rejected for licensure, had your card suspended or revoked, or had an issue with your ID card status? Yes _____ No _____

If yes, explain:

Have you ever been fingerprinted (other than employment purposes), arrested, charged with any crime, or committed for a mental disorder? Yes _____ No _____

If yes, explain:

**Fingerprints & photographs to be taken at the below listed locations.
Picture ID Required.
ID Cards may be picked-up at either location (except Bail Enforcement Agent &
Constables).**

- SBI/Professional Licensing, Blue Hen Corporate Center, Dover
Monday thru Friday, 8:30am – 3:30pm
- SBI/Professional Licensing, DSP Troop 2, Route 40, Newark, DE
Mon., Wed., Thurs., and Fri., 8:30am – 3:15pm – Closed for lunch 12:00pm to 12:30pm
Tuesday, 11:30am – 6:15pm – Closed for lunch 4:00pm to 4:30pm
BY APPOINTMENT ONLY – 302-739-2528
- Applicants with pending charges or unknown dispositions on their criminal history will be required to provide the necessary documentation for approval within thirty (30) days of application or the application will be voided.
- ***NON-REFUNDABLE PROCESSING FEE*** Cash, certified check, VISA, Master Card, Discover, company check or money order. **Personal checks will not be accepted.**
- ID card is the property of the Delaware State Police. Failure to return could result in Civil Penalties of up to \$200 per day.

AUTHORIZATION TO RELEASE INFORMATION TO CONTRIBUTOR

As an applicant, I am required to furnish information for use in determining my moral, physical and mental qualifications. In this connection, I authorize release of any and all information that you have concerning me, including criminal history record information and other information of a confidential or privilege nature to my employer. I authorize the Division of Mental Health or any institution to release my mental health history to the Delaware State Police. I hereby release you, your organization, the State of Delaware and others from any liability or damage, which may result from furnishing this information. I have read a copy of the Delaware Code and the promulgated Rules & Regulations as it pertains to the position I am applying for. I realize that any violation of the Law and/or Rules & Regulations could lead to my immediate suspension and/or revocation. I hereby certify that the statements given in this application are true and correct.

Signature

Date